



## **Veterans Health Care February 2004**

1: Adm Policy Ment Health. 2003 Nov;31(2):131-40.

Do patients who mismanage their funds use more health services?

Rosen MI, Rosenheck R, Shaner A, Eckman T, Gamache G, Krebs C.

One rationale for establishing programs that help patients manage their funds is that such patients make extensive use of expensive inpatient services. We surveyed the money management habits of 406 inpatients and determined their use of Veterans Administration (VA) services and related costs over the subsequent year. In multivariate analyses, there was no statistically significant relationship between need for money management and service use or cost. The mispending of funds for drugs may precipitate hospitalization for some outpatients. However, in a sample of hospitalized patients, mismanagement of funds was not associated with longer length of stay or increased service use following discharge.

PMID: 14756196

2: Altern Ther Health Med. 2004 Jan-Feb;10(1):64-72.

Edward Tick, PhD: On Asklepios, dream healing, and talking with the dead. Interview by Bonnie Horrigan.

PMID: 14727502

3: Ann Allergy Asthma Immunol. 2003 Dec;91(6):510-1.

Comment on:

Ann Allergy Asthma Immunol. 2003 Dec;91(6):539-45.

Lessons learned from latex allergy.

Sussman G.

PMID: 14700431

4: Ann Allergy Asthma Immunol. 2003 Dec;91(6):539-45.

Comment in:

Ann Allergy Asthma Immunol. 2003 Dec;91(6):510-1.

Latex hypersensitivity in Department of Veterans Affairs health care workers: glove use, symptoms, and sensitization.

Zeiss CR, Gomaa A, Murphy FM, Weissman DN, Hodgson M, Foster D, Dejativongse S,

Colella K, Kestenberg K, Kurup VP, Bush RK, Chiu AM, Kelly KJ, Fink JN.

BACKGROUND: This report of the prevalence of latex glove allergy in 3 Department of Veterans Affairs (VA) medical centers was a collaboration of the VA, the Centers

for Disease Control and Prevention, and the National Institute for Occupational Safety and Health. OBJECTIVE: To enroll and evaluate personnel from across the entire hospital workforce for latex hypersensitivity and to determine the type and extent of latex glove use. METHODS: A questionnaire was administered that covered demographics, job category, latex glove use, and current latex glove allergic symptoms. Skin testing to aeroallergens was performed to evaluate the presence of atopy. Blood was drawn for analyses of serum antilatelx IgE antibody by CAP assay. RESULTS: Of 1,959 subjects, 158 (8.1%) had latex glove-allergic symptoms, a positive latex CAP assay result, or both. In 1,003 subjects who reported latex glove use, 915 (91.4%) used nonpowdered gloves. A total of 133 subjects reported latex glove allergic symptoms, and 36 subjects had positive CAP assay results. Latex sensitization was correlated with atopy, race, and latex glove exposure. Latex symptoms were correlated with atopy, a positive CAP assay result, and latex glove exposure. Of the 133 subjects with latex glove allergic symptoms, only 11 had positive CAP assay results, giving a prevalence of confirmed latex glove allergy of 0.6%. CONCLUSIONS: Symptoms attributed to latex gloves and/or latex sensitization occurred in 8.1% of the employee population, with exposure, race, and atopy being the major risk factors. Few symptomatic individuals were sensitized to latex (0.6%). This low rate of confirmed latex glove allergy may have been related to nonpowdered glove use. PMID: 14700437

5: Clin Neuropsychol. 2003 Aug;17(3):402-9.  
Personality characteristics of patients showing suboptimal cognitive effort.  
Temple RO, McBride AM, David Horner MD, Taylor RM.  
This study examined the relationship between performance on the Portland Digit Recognition Test (PDRT) and the MMPI-2 in a group of veterans who were suspected of having motivation to exaggerate cognitive and/or psychiatric symptoms. Number correct on "easy" trials on the PDRT correlated inversely with MMPI-2 measures of psychopathology, whereas number correct on "hard" trials positively correlated with the same scales. Some individuals performed poorly across both types of PDRT trials and had significant MMPI-2 elevations, whereas others performed poorly only on "hard" PDRT trials and had less extreme MMPI-2 elevations. This study reinforces the need to assess the validity of both cognitive and psychiatric symptom complaints. PMID: 14704891

6: Epilepsy Behav. 2003 Dec;4(6):723-8.  
Epilepsy surgery outcome among US veterans.  
Maganti R, Rutecki P, Bell B, Woodard A, Jones JC, Ramirez L, Iskandar B.  
We retrospectively studied the outcome of anterior temporal lobectomy (ATL) among a population of veterans and evaluated outcome related to comorbidities. Veterans who underwent ATL between 1990 and 2001 at the Veterans Administration Hospital in Madison, Wisconsin, were included. Data related to postoperative seizure outcome, quality of life outcome, and employment outcome were collected. Factors associated with favorable outcome and outcome related to comorbidities were evaluated. Twenty-seven patients were entered into the study. The mean age at onset of seizures was 25 years (+/-10.2). History of a non-substance abuse psychiatric diagnosis, and substance abuse was present in 26% (7/27) and 30% (9/27), respectively, prior to surgery. While 66.6% (18/27) had a good outcome (Engel's Class I), no difference in the frequency of good outcome was seen among the patients with a history of substance abuse, other psychiatric diagnosis (71%), or no psychiatric diagnosis (67%). There was a significant correlation between seizure outcome and quality of life score ( $r(s)=0.67$ ,  $p<0.001$ ) and postoperative

employment gains ( $r(s)=0.48$ ,  $p=0.01$ ). Outcomes among veterans that underwent ATL can be satisfactory even in the context of the late mean age of epilepsy onset and the psychiatric diagnoses that were present in this sample.  
PMID: 14698707

7: Fam Community Health. 2004 Jan-Mar;27(1):65-74.  
Perception of health status by homeless US veterans.  
Nyamathi A, Sands H, Pattatucci-Aragon A, Berg J, Leake B, Hahn JE, Morisky D.  
Perceptions of health status among 331 homeless veterans and homeless nonveterans were examined. Homeless veterans were significantly less apt to perceive their health as fair/poor (8%) compared to non-veteran homeless men (19%). Homeless veterans were also more likely to report having a regular source of care (57% versus 36%). Logistic regression analysis indicated the adjusted odds of fair/poor health were more than two times greater for persons reporting depressive symptomatology than for those without this history; veterans continue to remain less likely to report fair/poor health than nonveterans. High rates of substance abuse were observed for the entire sample. Such differences in perceived health result in important health access issues.  
PMID: 14724503

8: J Int Neuropsychol Soc. 2003 Nov;9(7):1001-15.  
Predictors of postconcussion symptom complex in community dwelling male veterans.  
Luis CA, Vanderploeg RD, Curtiss G.  
The presence of a persistent postconcussion symptom complex (PPCSC) was examined in a non-referred sample of male veterans with a history of mild head injury and a comparison group without a history of head injury. Hierarchical logistic regression procedures were used to determine possible predictors of PPCSC using variables supported by previous research (i.e., preexisting psychiatric difficulties, demographic and social support variables, and history of an accidental injurious event). Although PPCSC was common in all groups (23% of the total sample), a significantly greater proportion of individuals in the mild head injury with loss of consciousness group (37.2%) had PPCSC compared with three other groups (head injury without loss of consciousness = 26.1%; motor vehicle accident without head injury = 23%; and control = 17.3%). However, the most salient predictors of PPCSC were early life psychiatric difficulties such as anxiety or depression, limited social support, lower intelligence, and interactions among these variables. The predictive value of loss of consciousness was significant, but low (1.4% of unique variance). The findings provide support for the premise that PPCSC is mediated in part by individual resilience, preexisting psychological status, and psychosocial support.  
PMID: 14738282

9: J Natl Med Assoc. 2004 Jan;96(1):43-52.  
Racial differences in hepatitis B and hepatitis C and associated risk behaviors in veterans with severe mental illness.  
Butterfield MI, Bosworth HB, Stechuchak KM, Frothingham R, Bastian LA, Meador KG, Swartz M, Horner RD.  
Racial differences in the seroprevalence of and risks for hepatitis B (HBV) and hepatitis C (HCV) were examined in military veterans with severe mental illnesses (SMI). Participants (376; 155 Caucasian, 221 African American) were inpatients at a Veterans Affairs (VA) psychiatric unit in Durham, N.C., from 1998 to 2000. Prevalence rates of HBV and HCV were 21.3% and 18.9%, respectively. African

Americans had a higher HBV seroprevalence than did Caucasians: 27.6% versus 12.3%; odds ratio (OR) 2.73; 95% confidence interval (CI)=1.55, 4.79. Although not statistically significant, HCV seroprevalence was also higher for African Americans than it was for Caucasians: 21.3% versus 15.5%; OR=1.47; 95% CI=0.86, 2.53. No racial difference was observed for injection drug use (IDU), the strongest risk indicator for both HBV and HCV. Multivariable analyses indicated that African-American race, IDU, and multiple sex partners in the past six months were related to an increased risk of HBV, whereas IDU and smoking crack cocaine were both independently related to an increased risk of HCV. Thus, veterans with SMI--particularly African-American veterans--have high rates of HBV and HCV infection. African-American veterans have significantly higher rates of HBV than do Caucasian veterans, which persist after controlling for prominent risk behaviors.  
PMID: 14746353]

10: J Nerv Ment Dis. 2004 Jan;192(1):35-41.

Long-term course of treatment-seeking Vietnam veterans with posttraumatic stress disorder: mortality, clinical condition, and life satisfaction.

Johnson DR, Fontana A, Lubin H, Corn B, Rosenheck R.

This study is a 6-year longitudinal study of 51 treatment-seeking male veterans with combat-related posttraumatic stress disorder. Measures of PTSD and psychiatric symptomatology, social functioning, and program impact were assessed at admission to an inpatient treatment program, at 18 months, and 6 years later. Previous studies had shown that the treatment program's impact on course of illness had been negligible. The sample showed an extremely high mortality rate of 17% over 6 years. The remaining veterans showed improvement in violence and alcohol and drug use, but an increase in hyperarousal symptoms and social isolation. Nearly three-fourths had had an inpatient hospitalization. Veterans' self-ratings, in contrast, indicated significant improvement in all areas of functioning except employment, as well as an overall positive view of the impact of the program on their lives. Results indicate that the majority of the veteran sample had experienced some improvement in their ability to cope with their chronic illness, decreasing their use of violence and substance abuse but still were experiencing high levels of symptomatology. The extremely high mortality rate, however, provides a somber reminder of the seriousness of this disorder.

PMID: 14718774

11: J Nerv Ment Dis. 2004 Jan;192(1):42-50.

The Hawaii Vietnam Veterans Project: is minority status a risk factor for posttraumatic stress disorder?

Friedman MJ, Schnurr PP, Sengupta A, Holmes T, Ashcraft M.

The Hawaii Vietnam Veterans Project (HVVP) was congressionally mandated as a follow-up to the National Vietnam Veterans Readjustment Study (NVVRS) to assess current and lifetime prevalence of posttraumatic stress disorder (PTSD). The Hawaii Vietnam Veterans Project used the original two-stage NVVRS design in which a lay interview, conducted with a large sample, was followed by a clinical interview with a smaller subsample. Reported results are from the clinical subsample consisting of 100 Native Hawaiian and 102 American of Japanese ancestry veterans compared with white veterans from the NVVRS cohort. The major finding is that veterans of Japanese ancestry exhibited significantly lower prevalence of current full, current partial, and lifetime full PTSD than white veterans. Adjustment for age and war zone exposure did not eliminate most of these differences. These results indicate that minority status per se is not a risk factor for PTSD.

PMID: 14718775

12: J Nerv Ment Dis. 2004 Jan;192(1):75-9.

Elderly veterans with combat-related posttraumatic stress disorder in specialty care.  
Frueh BC, Elhai JD, Hamner MB, Magruder KM, Sauvageot JA, Mintzer J.

PMID: 14718781

13: J Public Health Dent. 2002 Winter;62(1):5-12.

Is depressive symptomatology associated with worse oral functioning and well-being among older adults?

Kressin NR, Spiro A 3rd, Atchison KA, Kazis L, Jones JA.

OBJECTIVES: Although depression negatively affects individuals' physical functioning and well-being, its association with oral functioning and well-being has not been examined previously. The objective of this study was to examine the association between depressive symptomatology and oral quality of life. METHODS: We utilized data from two samples of older adults: community-dwelling participants who used community primary care physicians in Los Angeles (n=1,653) and individuals who sought ambulatory care through four Department of Veterans Affairs facilities in the Boston metropolitan area (n=212). Depressive symptomatology was measured with the CES-D scale; Oral Quality of Life was measured with the Geriatric Oral Health Assessment Instrument and the Oral Health-related Quality of Life measure. We conducted hierarchical regression analyses to examine the effects of depression on oral quality of life, controlling for self-reported oral health, age, education, income, and marital status. RESULTS: Individuals with more depressive symptoms reported worse oral quality of life, controlling for sociodemographic factors and self-reported oral health. This finding persisted across multiple samples and both sexes, and using two measures of oral quality of life. CONCLUSION: These findings further emphasize the importance of treating depression among older adults, and suggest that both dentists and physicians have a role in recognizing and referring patients for such treatment.

PMID: 14700083

14: Lancet. 2003 Dec;362 Suppl:s22-3.

Prisoners of war: long-term health outcomes.

Ursano RJ, Benedek DM.

PMID: 14698116

15: Mil Med. 2003 Dec;168(12):1015-8.

Human leukocyte antigens in Gulf War veterans with chronic unexplained multiple symptoms.

O'Bryan TA, Romano PJ, Zangwill BC.

Several articles have suggested that immune dysregulation related to Gulf War deployment may be involved in chronic illnesses with an unclear etiology among Gulf War veterans. To determine whether genetic susceptibility related to the human leukocyte antigen (HLA) system might play a role in development of the veterans' illnesses, we examined the frequency distribution of HLA A, B, DR, and DQ antigens from symptomatic veterans residing in south-central Pennsylvania compared with a local healthy population database. Only HLA-A28 demonstrated statistical significance. A28 was present in 7 (21.9%) of 32 of the veterans and 15 (6.9%) of 217 of the healthy population ( $p = 0.01$ , Fisher's exact test). This accounts for a minority of the ill veterans tested and is not statistically significant when corrected

for the number of antigens determined. We conclude that specific HLA antigens are not strongly associated with the illnesses of Gulf War veterans.  
PMID: 14719628

16: N Engl J Med. 2004 Jan 29;350(5):518-9; author reply 518-9.  
Comment on:  
N Engl J Med. 2003 Oct 23;349(17):1665-7.  
Hospital use and survival among Veterans Affairs beneficiaries.  
Pearl R.  
PMID: 14752892

17: N Engl J Med. 2004 Jan 29;350(5):518-9.  
Comment on:  
N Engl J Med. 2003 Oct 23;349(17):1637-46.  
Hospital use and survival among Veterans Affairs beneficiaries.  
Swallen KC.  
PMID: 14749464

18: OR Manager. 2003 Dec;19(12):7.  
Study on RN education stirs controversy.  
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PMID: 14710543 [PubMed - indexed for MEDLINE]